

Army Family Action Plan (AFAP) General Officer Steering Committee (GOSC) Meeting Summary

General Peter W. Chiarelli, Vice Chief of Staff, Army (VCSA) chaired the 4 August 2011 AFAP GOSC meeting which reviewed 35 AFAP issues. Attendees at the meeting included senior officials from the Department of Defense (DoD), Department of the Army (DA), Army Staff, Commands, General Officer Senior Commander Course, military support organizations, and local senior spouses.

Civilian Employment Issues				
Lead Agency	#	Issue	Recommended Status	Final Status
G-1 (CP)	524	Military Spouse Unemployment Compensation	Completed	Completed
G-1 (CP)	615	Donation of Leave for DoD Civilian Employees	Active	Active
G-1 (CP)	634	Death Gratuity for Beneficiaries of DA Civilians	Active	Active
G-1 (CP)	649	Compensatory Time for DA Civilians	Unattainable	Unattainable
Family Support Issues				
G-1 (HR)	596	Army-wide Convicted Sex Offender Registry	Active	Active
ACSIM	609	Total Army Sponsorship Program	Active	Active
ACSIM	625	Transitional Compensation Benefits for Pre-existing Pregnancies of Abused Family Members	Active	Active
ACSIM	650	Exceptional Family Member Program Enrollment for RC	Active	Active
ACSIM	652	Family Readiness Group External Fundraising Restrictions	Unattainable	Active
ARNG & USAR	574	Funding for RC Reunion and Marriage Enrichment Classes	Completed	Completed
Soldier Support and Entitlements Issues				
USAR	657	RC Inactive Duty for Training, Travel, and Transportation Allowances	Active	Active
G-1 (HR)	529	Retirement Service Officer Positions at Regional Support Commands	Active	Active
G-1 (HR)	553	SBP and Dependency & Indemnity Compensation Offset	Unattainable	Unattainable
G-1 (HRC)	612	Army Career and Alumni Funding	Active	Active
G-1 (PRC)	592	Post Secondary Visitation for OCONUS Students	Unattainable	Unattainable
G-1 (PRC)	600	Family Care Plan Travel and Transportation Allowances	Unattainable	Unattainable
G-1 (PRC)	621	Minimum Disability Retirement Pay for Medically Retired Wounded Warriors	Unattainable	Unattainable
G-1 (PRC)	626	Traumatic Servicemembers' Group Life Insurance (TSGLI) for PTSD, TBI and Uniplagia	Active	Active
G-1 (PRC)	633	Cost of Living Allowance Dependents Cap	Unattainable	Unattainable

Medical and Behavioral Health Issues

Lead Agency	#	Issue	Recommended Status	Final Status
MEDCOM	488	TRICARE Prime Remote for Family Members not Residing with Military Sponsor	Unattainable	Unattainable
OTSG	515	Application Process for Citizenship/ Residency for Soldiers and Families	Active	Active
MEDCOM	558	TRICARE Prime Travel Cost Reimbursement for Specialty Referrals	Unattainable	Unattainable
MEDCOM	583	Advanced Life Support Services on CONUS Installations	Active	Completed
MEDCOM	614	Comprehensive Behavioral Health Program for Children	Active	Active
PHC	618	Army Wellness Centers	Active	Active
MEDCOM	629	24/7 Out of Area TRICARE Prime Urgent Care Authorization and Referrals	Active	Active
WTC	631	Career Coordinators for Army Wounded Warrior (AW2) Soldiers, Family Members and Caregivers	Active	Completed
MEDCOM	638	Medical Nutrition Therapy Benefits for All TRICARE Beneficiaries	Active	Active
OTSG	641	Over Medication Prevention & Alternative Treatment for Military Healthcare System Beneficiaries	Active	Active
MEDCOM	644	Shortages of Medical Providers in Military Treatment Facilities	Active	Active
OTSG	646	Active Duty Family Members Prescription Cost Share	Active	Completed
MEDCOM	648	Behavioral Health Services Shortages	Active	Active
MEDCOM	653	Funding Service Dogs for Wounded Warriors	Active	Active
WTC	654	Monthly Stipend to Ill/Injured Soldiers for Non-Medical Caregivers	Active	Active
OTSG	661	TRICARE Allowable Charge for Reimbursement of Upgraded/ Deluxe Durable Medical Equipment	Active	Active

Summary of the Army Family Action Plan (AFAP) General Officer Steering Committee (GOSC) Meeting - 4 August 2011

Civilian Personnel Issues

Issue 524: Military Spouse Unemployment Compensation (UC)

Proponent: G-1 (Civilian Personnel)

Issue recommendation: Establish relocation during PCS moves as involuntary separation, thereby granting UC to all qualified recipients

Final issue status: Completed

Resolution: Since this issue entered AFAP in 2002, the number of states offering UC to military spouses increased from 8 to 38. Twelve states (AL, ID, LA, MO, ND, OH, SD, TN, UT, VA, WV and VT) deny military spouses UC based on relocation; WV and MO are pursuing expansion of UC coverage; MD and DC evaluate eligibility on a case by case basis. Civilian Aides to the Secretary of the Army (CASAs) from AL, LA and VA advised that their states cannot support this initiative due to current state budgetary constraints. The Department of Defense-State Liaison Office is pursuing ten priority initiatives that have strong impact on military families at the state level; UC for military spouses is one of the ten priorities. Information on UC and other military spouse initiatives is available at: <http://www.usa4militaryfamilies.org>.

Issue 615: Donation of Leave for DoD Civilian Employees

Proponent: G-1 (Civilian Personnel)

Issue recommendation: Create a DoD-wide leave donation bank for all DoD civilian employees for donation and automatic collection of unused "use or lose" annual leave.

Final issue status: Active

Progress: DoD did not support establishing a DoD-wide leave donation bank, however, HQDA decided to establish policy of leave banks within Army. HQDA worked with CHRA, DFAS, and other Federal agencies on details of local leave banks, to include administration, payroll issues, creation of an automated database, and levels of control. A policy memo is in the final legal review with General Counsel and will be submitted for ASA (M&RA) signature.

Way ahead: When policy is released, Issue 615 will be closed as a completed action.

Issue 634: Death Gratuity for Beneficiaries of DA Civilians

Proponent: G-1 (Civilian Personnel)

Issue recommendation: Authorize 100% payment of civilian death gratuity to any person(s) designated by the DA Civilian regardless of their relationship.

Final issue status: Active

Progress: A legislative proposal in the House and Senate Armed Services Committee versions of the FY12 NDAA allows civilian employees to designate anyone they choose to receive the entire death gratuity (\$100,000) if the employee dies of injuries incurred in connection with service with an armed force in a contingency operation.

Way ahead: Monitor final language and enactment of this legislation into the FY12 NDAA.

Issue 649: Compensatory Time for DA Civilians

Proponent: G-1 (Civilian Personnel)

Issue recommendation: Increase compensatory time for DA Civilians to 1.5 hours off for each hour of overtime worked.

Final issue status: Unattainable

Resolution: OSD does not support this issue because of cost and impact on the Federal sector as a whole. DFAS analysis projects the cost would be over \$10.5 million annually, not including locality pay.

Family Support Issues

Issue 596: Army-wide Convicted Sex Offender Registry

Proponent: Deputy Chief of Staff, G-1

Issue recommendations: Establish a searchable sex offender registry, available to the military community. Require convicted sex offenders who are associated with the U.S. Army to register with the installation Provost Marshal Office (PMO) and be entered into the registry.

Final issue status: Active

Progress: Army regulations will be revised to: require all qualified convicted sex offenders who enter, reside, or are employed on Army installations to register at the installation PMO; add a statement to civilian job announcements notifying applicants of the requirement to register as a sex offender if offered employment on a military installation; establish policies/procedures for current sex offender employees to meet registration requirements; and provide Garrison Commanders authority to revoke authorization to reside in housing for sex offender misconduct or when in the best interests of the Army for reasons relating to health, safety, morale, or welfare on the installation.

Way ahead: AR 190-45 will direct installation provost marshals to screen in/out processing personnel against the National Sex Offender Registry and provide results to Garrison Commanders. Projected publish date of AR 190-45 is Oct 11 which will satisfy and close this AFAP issue.

Issue 609: Total Army Sponsorship Program (TASP)

Proponent: Assistant Chief of Staff for Installation Management

Issue recommendation: Standardize and enforce the TASP through the Army via the Command Inspection Program (CIP); add TASP to the CIP using the checklist in AR 600-8-8 Appendix B.

Final issue status: Active

Progress: The TASP EXORD/OPORD that mandates sponsorship for Soldiers in the rank of PVT thru COL (with emphasis on initial entry training, advanced individual training, and Soldiers transferring to their first assignment), Civilians (GS-15 and below) and offers sponsorship to Family members during deployment of their sponsor is currently on hold. Efforts to execute sponsorship integrator responsibilities are also on hold due to current fiscal constraints. IMCOM is exploring the use of the Soldier Skill Set Utilization Program to establish Sponsorship Integrator positions as a no-cost solution to the funding issue. In the interim, IMCOM is working with DA G-1 and HRC to use Soldiers wounded in combat to serve as sponsorship integrators. Army G-8 requires IMCOM to complete a cost benefit analysis, Concept Plan, and POM for 77 integrator positions. In Jun 11, the SICE working group disseminated a Command Sponsorship/CIP questionnaire to gauge whether commands are inspecting sponsorship through CIP. Due to limited feedback to the questionnaire, the level of compliance could not be determined.

Way ahead: Continue coordinating with IMCOM on using non-deployable Soldiers as sponsor integrators and the design and functionality of an automated system to help commands improve in/out processing and track sponsorship. Work with SICE to officially task commands with completing the Command Sponsorship/CIP questionnaire.

Issue 625: Transitional Compensation (TC) Benefits for Pre-existing Pregnancies

Proponent: Assistant Chief of Staff for Installation Management

Issue recommendation: Upon birth, authorize TC benefits for the child of a pregnant abused Family member.

Final issue status: Active

Progress: In Jul 10, a ULB proposal to change the definition of "dependent" in the TC statute was submitted for the FY13A ULB cycle. In Mar 11, the Principal Deputy, Under Secretary of Defense (Personnel and Readiness) approved the ULB. After approval by the Services and Department of Defense components, it must be cleared by the Office of Management and Budget (OMB) before being submitted to Congress.

Way Ahead: Monitor final language in the FY13 NDAA.

Issue 650: Exceptional Family Member Program (EFMP) Enrollment Eligibility for RC Soldiers

Proponent: Assistant Chief of Staff for Installation Management

Issue recommendation: Authorize RC Soldiers enrollment in the EFMP.

Final issue status: Active

Progress: The EFMP Policy Working Group defined language, criteria and processes regarding RC eligibility for the EFMP. In Mar 11, the policy working group reviewed final recommendations and developed strategies to coordinate regulatory change. Based upon outcome of leadership briefs, AR 608-75 will be revised to incorporate recommendations. In May 11, the ACSIM, Chief of the Army Reserves and Special Assistant to the Director, Army National Guard reviewed recommendations, resourcing and way forward.

Way Ahead: Submit revision to AR 608-75.

Issue 652: Family Readiness Group (FRG) External Fundraising Restrictions

Proponent: Assistant Chief of Staff for Installation Management

Issue recommendations: Authorize FRGs to fundraise in public places external to Reserve Centers, National Guard Armories and military installations. Conduct a holistic review of FRG funding and donations (directed by VCSA at 30 June 2010 AFAP GOSC meeting.)

Final issue status: Active

Progress: OACSIM established a working group to develop holistic strategies to address FRG funding and fund raising. The working group recommended lowering the cap on Informal Funds to encourage FRGs to focus on their mission to provide support and information versus fundraising. The proposal to lower the cap on Informal Funds was not supported by leadership.

Discussion: Discussion focused on how the Reserve Component is significantly impacted by the restriction that they may only fund raise in their Reserve Centers and Armories.

Way Ahead: Further explore how RC can externally fund raise.

Issue 574: Funding for RC Reunion and Marriage Enrichment Classes

Proponent: Army National Guard and US Army Reserve

Issue recommendation: Fund Strong Bonds for the ARNG and Army Reserve.

Final issue status: Completed

Resolution: Without RPA/NGPA, USAR and ARNG Soldiers attend Strong Bonds in lieu of drill or Battle Assembly or use training days, split training, or other work arounds. The POM 13-17 validated requirements for NGPA and RPA for Strong Bonds. The NGPA will provide funding for ARNG chaplains to facilitate Strong Bonds events in a paid status. The RPA will provide pay and travel for Army Reserve Soldiers and Unit Ministry Team event leaders to attend Strong Bonds events.

Soldier Support and Entitlements Issues

Issue 657: RC Inactive Duty for Training (IDT) Travel and Transportation Allowances

Proponent: Army Reserve

Issue recommendation: Authorize travel and transportation allowances for RC Soldiers traveling over 50 miles for IDT.

Final issue status: Active.

Progress: The other Services do not support changing the JFTR to provide a "residence to duty to residence" entitlement for RC IDT travel. The House and Senate versions of the FY12 NDAA authorize reimbursement of travel expenses for IDT outside of the normal commuting distance, but does not provide any appropriation.

Discussion: The Chief, Army Reserve said that if travel reimbursement is authorized, the Army Reserve will start with the junior soldier who is traveling the furthest distance. The Acting Director, ARNG said the cost is significant, and the lack of funding is an issue for the ARNG.

Way Ahead: Monitor final language in the FY12 NDAA.

Issue 529: Retirement Services Officer (RSO) Positions at Regional Support Commands (RSCs)

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: Authorize and fund a RSO at each RSC.

Final issue status: Active

Progress: In Apr 11, the DCAR approved eight Directed Military Overstrength positions for the RSC RSO initiative as a bridging strategy to implement permanent RSO positions. To expand capability to counsel Soldiers on retirement regardless of component, all three components attend holistic training. The USAR and ARNG partnered to develop a distance learning module to prepare Reserve Soldiers for retirement. The Reserve Retirement section on the Army G-1 RSO homepage contains pre-retirement guides, briefings and retirement information to provide retiring or retired Reserve Soldiers up-to-date information and counseling similar to what is available to retiring active duty Soldiers.

VCSA comment: Work this issue hard and report back in six months.

Way ahead: Submit Concept Plan for full resourcing for DA Civilian and/or contract personnel.

Issue 553: Survivor Benefit Plan (SBP) and Dependency & Indemnity Compensation (DIC) Offset

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: Eliminate the DIC Offset to SBP and award full SBP and DIC for service-connected deaths.

Final issue status: Unattainable

Discussion: STRATCOM needs to explain the reason this issue was not achievable.

Resolution: The Office of the Secretary of Defense (OSD) opposes elimination of the SBP and DIC offset. Every year since this AFAP issue was introduced, Congress proposed but did not enact legislation that would have eliminated DIC offset of SBP. Total unfunded liability cost to the US Treasury to eliminate the offset is \$16B. Provision of the FY08 NDAA granted partial relief by establishing a Special Survivor Indemnity Allowance (SSIA) for spouses affected by the DIC offset of the SBP annuity. Public Law 111-31 increased SSIA starting in FY 2014 and extended the program.

Issue 612: Army Career and Alumni Program (ACAP) Funding

Proponent: Deputy Chief of Staff, G-1 (AHRC)

Issue recommendation: Eliminate future ACAP budget reductions; expand budget to maintain a viable program for Soldiers and Families; maintain professional staff to provide personalized services.

Final issue status: Active

VCSA Comment and Direction: We're getting ready to ramp the Army down to 520; why did we cut \$1.3 million out of ACAP? We know we're going to have Soldiers who are going to be looking for jobs. Go back and revisit the cut in ACAP funding.

Progress: In FY11, ACAP was funded at \$5.6M and reduced to \$5.1M, short of the \$6.4M POM critical requirements. Without additional funding, ACAP will not be able to maintain current support to Soldiers and their Families, implement the recommended 16 Determinative Wins or serve the additional 27,000 Soldiers who will leave the Army under the proposed FY15 Army end strength. Any decrement will result in a loss of services to include employment assistance and support for job searches, resulting in higher unemployment and increased unemployment compensation reimbursement costs paid by the Department of Army.

Way ahead: Synchronize roles/responsibilities, choice-based options and RC transition in new regulation and policy.

Issue 592: Post Secondary Visitation for OCONUS Students

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: Authorize a one-time round trip airfare to a CONUS point of entry for one guardian and an OCONUS student who has been accepted to a post secondary school. *(At CONUS point of entry, OCONUS Families would assume comparable travel expenses to CONUS Families.)*

Final issue status: Unattainable

Resolution: Recommendation provides no inherent benefit to the Army and is perceived as an entitlement for senior Soldiers. HQDA DCS, G-1 was unable to demonstrate the compelling business case that would get the other Services and OSD to support the issue and advance a legislative proposal in the Unified Legislation and Budget (ULB) process.

Issue 600: Family Care Plan (FCP) Travel and Transportation Allowances

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: For deployments greater than 179 days, authorize funded dependent travel to the location designated in a Soldier's FCP and shipment of up to 350 pounds of household goods to FCP location.

Final issue status: Unattainable

Resolution: G-1 research did not uncover any evidence to show that Soldiers are experiencing financial hardships when required to execute their FCP. HQDA DCS, G-1 was unsuccessful in demonstrating a compelling business case to garner support of the sister Services in the Unified Legislation and Budget (ULB) process.

Issue 621: Minimum Disability Retirement Pay for Medically Retired Wounded Warriors

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: Award medical retirement pay to all Servicemembers with a 30% or higher disability rating to the equivalent retirement pay of an E-6 with 10 years of service or current entitlement, whichever is higher.

Final issue status: Unattainable

Resolution: The scope and the focus of this issue was on junior enlisted Soldiers who are medically separated with severe PTSD or TBI. Based on the formula for a junior enlisted Soldier, their medical retirement pay was below the national poverty level. However, additional research revealed that a Soldier is rarely medically discharged for only one condition like PTSD or TBI. The NDAA 2008 included a provision (10 USC 1216a) that requires the Services to not deviate from the Veteran's Affairs Schedule for Rating Disabilities (VASRD) rating guidance. Soldiers in this category are placed on the TRDL at 50% disability and are reevaluated within 6 months after discharge. Although it may be possible for some of these Soldiers to receive a lower rating at reevaluation, data showed that an E-4 with two children would receive medical compensation of approximately \$3,000 a month, which is close to the base salary of an E-6 with 10 years of service.

Issue 626: Traumatic Servicemembers' Group Life Insurance (TSGLI) for PTSD, TBI and Uniplegia

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: Add PTSD, TBI, and Uniplegia as a schedule of loss under TSGLI.

Final issue status: Active

Progress: The July 2008 TSGLI One Year Review added Uniplegia to the TSGLI Schedule of Losses. Traumatic injury and coma resulting in the inability to perform at least two activities of daily living (ADLs) are also covered in the TSGLI Schedule of Losses, when TSGLI standards are met. PTSD is still excluded. The FY10 NDAA requires a study on the treatment of PTSD by the Institute of Medicine (IOM) of the National Academy of Sciences or other independent study. Contract was awarded; committee meetings and site visits are occurring.

Way ahead: Army G-1 will monitor the results of the IOM study.

Issue 633: Cost of Living Allowance (COLA) Dependents Cap

Proponent: Deputy Chief of Staff, G-1

Issue recommendation: Eliminate the five dependent cap in determination of OCONUS COLA.

Final issue status: Unattainable

Resolution: CONUS COLA is paid at a "with" and "without" dependent rate, regardless of the number of dependents; the OCONUS COLA calculation considers the number of dependents. Service reps at the May 11 Military Advisory Panel (MAP) meeting discussed the rationale behind eliminating the five dependent OCONUS COLA cap and an alternate methodology in which OCONUS COLA would mirror the CONUS COLA computation (with/without dependents). The MAP explained that the intent of OCONUS COLA is to compensate members for differences in the cost of living between CONUS and their assigned location OCONUS. The committee did not support changing the current OCONUS COLA calculation system because OCONUS Soldiers are not disadvantaged in comparison to CONUS-based Soldiers who have more than five dependents.

Medical and Behavioral Health Issues

Issue 488: TRICARE Prime Remote (TPR) for Family Members Not Residing with Military Sponsor

Proponent: The Surgeon General

Issue recommendation: Eliminate the requirement that an Active Duty Family Member (ADFM) must live with the military sponsor in order to enroll in TPR.

Final issue status: Unattainable

Resolution: The Office of General Counsel for the Assistant Secretary of Defense, Health Affairs did not support inclusion of relocating ADFMs with an activated Family Care Plan as part of the "extenuating circumstances" definition for TPR eligibility in Section 714 of FY06 NDAA. Inclusion within Congressional markup process for the FY11 NDAA was also unsuccessful.

Issue 515: Application Process for Citizenship/Residency for Soldiers and Families

Proponent: The Surgeon General

Issue recommendation: Designate and train an installation liaison to assist Family Members with citizenship process; obtain Citizenship and Immigration Service (CIS) approval of DOD administered fingerprinting and physical exams.

Final issue status: Active

Progress: Revision to AR 608-1 (Dec 06) assigns USCIS liaison function to Army Community Service (ACS). In Dec 10, USCIS confirmed that their mobile fingerprint unit is the preferred biometric collection method, but they will accept fingerprint cards from domestic installations. USCIS must designate the physician as a civil surgeon in order to perform immigration physical examinations. MEDCOM expects that the difficulty will be maintaining the certification of the providers.

Way Ahead: Over the next six months, OTSG/MEDCOM will explore the feasibility of designating and certifying physicians in military treatment facilities as civil surgeons to perform immigration physical examinations for Family members.

Issue 558: TRICARE Prime Travel Cost Reimbursement for Specialty Referrals

Proponent: The Surgeon General

Issue recommendation: Reimburse TRICARE Prime and TPR enrollees cumulative travel costs for specialty provider care.

Final issue status: Unattainable

Resolution: On 15 Apr 11, the Assistant Secretary of Defense for Health Affairs (ASD(HA)) disapproved an OTSG request for cumulative travel cost reimbursement. The FY10 NDAA authorizes travel reimbursement in exceptional circumstances. TMA worked on a proposed rule that would define "exceptional circumstances" as travel time in excess of one hour but less than 100 miles. Due to budgetary constraints, the ASD(HA) did not act on the NDAA authority.

Issue 583: Advanced Life Support Services (ALS) on CONUS Army Installations

Proponent: The Surgeon General

Issue recommendation: Mandate all CONUS Army installations provide ALS on or near the installation in accordance with the National Fire Protection Association standard.

Final issue status: Completed (pending funding in the POM 13-17)

Progress: MEDCOM and IMCOM agreed to adopt DoDI 6055.6 which establishes response time standards. An MOA signed 6 Mar 10 calls for MEDCOM to transfer \$7.7M to IMCOM effective in POM 12-16. In concert, IMCOM sought \$11.5M in the POM to fund emergency medical services (EMS) UFRs for its existing sites and sites transferring from MEDCOM. HQDA validated IMCOM's EMS UFR requirements during the POM 12-16 review, but they were not approved as "critical". Requirements were resubmitted for POM 13-17, including an updated Concept Plan and Cost Benefit Analysis.

Issue 614: Comprehensive Behavioral Health (BH) Program for Children

Proponent: The Surgeon General

Issue recommendations: Implement unified, comprehensive, timely children's BH services with dedicated providers; increase, integrate and streamline existing counseling services to provide comprehensive BH services for children of all Soldiers.

Final issue status: Active

Progress: OTSG/MEDCOM assisted Joint Base Lewis-McCord (JBLM), Fort Carson and Fort Wainwright establish Child and Family Assistance Centers; additional proposals for FY11 include Bavaria and Fort Bliss. School BH Programs expanded to 36 schools on 7 installations. Army Primary Care providers/support personnel will be provided BH training opportunities to assist in screening common BH concerns, identify problematic functioning, effective intervention strategies in primary care, and referral guidelines to specialty BH care. Standardized BH Pilot Training for Primary Care Managers is scheduled for 4th Qtr, FY11 at JBLM.

Way Ahead: Increase number of uniformed and civilian child and adolescent providers. Develop Standardized Needs and Capability Assessment tool.

Issue 618: Army Wellness Centers (AWC)

Proponent: The Surgeon General

Issue recommendation: Create an integrated AWC at each installation (separate from the hospital) modeled after AWCs in Europe.

Final issue status: Active

Progress: Resource requirements were submitted to the Army and Defense Health Program (DHP) Operation and Maintenance 12-17 POM but were not supported. AWCs will be included in the Patient Center Medical Home model as a key component for assisting patients with initiating lifestyle behavior change. A draft business case analysis/implementation guide is currently being staffed.

Way Ahead: Resubmit revised requirements (\$86M) in the 13-17 PBR.

Issue 629: 24/7 Out of Area TRICARE Prime Urgent Care Authorization and Referrals

Proponent: The Surgeon General

Issue recommendation: Establish a 24/7 centralized toll free number for TRICARE beneficiaries to request and acquire out of area urgent care authorization and referral assistance.

Final issue status: Active

Progress: The DoD Military Health System Innovation Investment Process approved a CONUS-based Nurse Advice Line (NAL) and referral assistance service. The initiative has strong backing of ASD(HA)/TMA and the Services. Timelines for drafting the final Request for Proposal (RFP) have slipped to ensure the RFP is written accurately. Estimated implementation of NAL services is end of 3rd QTR, FY12.

Way Ahead: Finalize drafting and release of the RFP by the Enterprise NAL Working Group.

Issue 631: Career Coordinators for Army Wounded Warriors (AW2), Family Members and Caregivers

Proponent: The Surgeon General

Issue recommendation: Increase AW2 Career Coordinator authorizations and funding to reach the industry standard of 1:30.

Final issue status: Completed

Resolution: "Sanctuary Soldiers" will be assigned to serve as Regional Career Coordinators (two per AW2 region). WTC and AW2 work collaboratively with the Army Career and Alumni Program, Army Civilian Human Resources Agency, Vocational Rehabilitation and Employment, Veterans Employment Coordination Services, and Department of Labor REALife Lines to meet the career, educational and employment needs of AW2 Soldiers, Veterans and their Families.

Issue 638: Medical Nutrition Therapy (MNT) Benefits for All TRICARE Beneficiaries

Proponent: The Surgeon General

Issue recommendation: Establish MNT as a TRICARE benefit for all TRICARE beneficiaries.

Final issue status: Active

Progress: A TMA analysis supported the value of MNT for diabetes, renal disease, hypertension, and hyperlipidemia. The TMA is submitting a decision paper to the TMA Director with options for TRICARE coverage of outpatient MNT care for diabetes, renal disease, hypertension, and hyperlipidemia.

Way Ahead: Submit decision paper to TMA leadership. Once approved, initiate necessary regulatory changes.

Issue 641: Over Medication Prevention & Alternative Treatment for Military Healthcare System (MHS) Beneficiaries

Proponent: The Surgeon General

Issue recommendation: Implement a comprehensive strategy to optimize function and manage pain, including alternative therapy and patient/provider education for all MHS beneficiaries.

Final issue status: Active

Progress: The FY10 NDAA directed DoD to develop a comprehensive pain management strategy. A Pain Task Force (TF) released their report in May 10. The Comprehensive Pain Management Campaign Plan (CPMCP) OPORD directs implementation of the Pain TF recommendations to provide pain management that is holistic, multidisciplinary, and multimodal in its approach, utilizes state of the art/science modalities and technologies, and provides optimal quality of life for Soldiers and other patients with acute/chronic pain. MEDCOM is establishing Regional Medical Command Interdisciplinary Pain Management Centers at five Army Medical Centers.

Discussion: Three years ago, 95 percent plus of Army Wounded Warriors at Walter Reed were on opioid narcotics. Today, that number is 8 percent.

Way Ahead: Conduct phased implementation of CPMCP across MEDCOM.

Issue 644: Shortages of Medical Providers in Military Treatment Facilities (MTFs)

Proponent: The Surgeon General

Issue recommendation: Implement new strategies for recruiting and retaining medical providers; expedite the staffing of military, civilian and contract medical providers to support needs identified by the MTF Commander.

Final issue status: Active

Progress: Demand exceeds provider availability in MTFs. TRICARE and contracts are a safety net. MEDCOM is maximizing the Human Capital Distribution Plan to distribute all available and fully qualified resource and is utilizing DoD Direct Hire Appointment (DHA) for 24 health-care occupations. The FY11 NDAA authorizes SECDEF use of Expedited Hiring Authority (EHA) for healthcare occupations that meet the criteria of "shortage category" or "critical need". The Civilian workforce has doubled in ten years, sustained by DHA, Special Salary Rate Tables and increased use of recruitment, relocation, and retention incentives for critical healthcare occupations.

Way Ahead: Implement the DoD Physicians and Dentists Pay Plan. Develop a comprehensive strategic direction, review, and prioritization of human capital initiatives.

Issue 646: Active Duty Family Members (ADFM) Prescription Cost Share Inequitability

Proponent: The Surgeon General

Issue recommendation: Eliminate prescription cost shares for ADFMs not enrolled at a MTF.

Final issue status: Completed (unless FY12 NDAA prohibits adjustment of prescription co-pays)

Resolution: The Army Surgeon General sent a formal request asking TMA to assess the feasibility of eliminating prescription cost shares for ADFMs not enrolled at a MTF. TMA requested a delay pending results of FY12 NDAA legislation. The Task Force on the Future of Military Health Care recommended elimination of copay for generic medications at the mail order pharmacy (MOP) only. The House version of FY12 NDAA did not add language barring TMA from changing prescription co-pays. If the Senate does not add language to bar co-pay adjustments, TMA will increase prescription co-pays 1 Oct 11 and eliminate co-pay for generic prescriptions through the MOP.

Issue 648: Behavioral Health (BH) Services Shortages

Proponent: The Surgeon General

Issue recommendations: Increase the number of readily available BH providers and services for Soldiers, retirees, Family Members, and previously deployed DA Civilians. Increase the use of alternative methods of delivery; such as tele-medicine.

Final issue status: Active

Progress: The Automated Staffing Assessment Model (ASAM) determined 4,095 BH requirements at end of 2nd Qtr FY11 and 1083 unmet military and civilian BH manpower requirements in four BH specialties. On-hand strength exceeds requirements in five BH specialties. The civilian BH workforce increased 220% (30 Sep 01 - 31 Mar 11); \$27.9M utilized in Recruitment, Relocation, and Retention incentives for BH civilian employees (30 Sep 07 - 31 Mar 11). The BH contract fill rate improved 7% over a year ago; challenges remain at remote locations. Tele-Health provides access to geographically dispersed areas, enables greater continuity of care and provides surge capacity.

Way Ahead: Request additional BH military and civilian billets in the Total Army Analysis (TAA) 14-18 process. Awaiting additional civilian authorizations from TMA through a Resource Management Document. Additional BH assets are needed at selected geographical locations.

Issue 653: Funding Service Dogs for Wounded Warriors

Proponent: The Surgeon General

Issue recommendation: Fund a formal program to provide service dogs for Wounded Warriors.

Final issue status: Active

Progress: MEDCOM Policy 10-077 (9 Nov 10) addresses use of service dogs with WWs. OTSG surveyed the VA, Regional Medical Commands (RMCs) and two non government organizations and is engaging the RMCs to determine the demand for service dogs. The K-9 Companion Act (H. R. 943) was introduced in the 112th Congress for the Secretaries of Defense and Veterans Affairs to establish a K-9 Companion Program. Through this program, Not for Profit Organizations can bid for competitive grants to provide assistance dogs to covered members and veterans

Way Ahead: Determine if current program offerings meet the need. If need exceeds current capability, collaborate with the WTC and Resource Management to develop a Concept Plan and submit a funding request.

Issue 654: Monthly Stipend to Ill/Injured Soldiers for Non-Medical Caregivers

Proponent: The Surgeon General

Issue recommendation: Provide a monthly stipend to Soldiers who do not qualify for TSGLI and are certified to be in need of assistance from a non-medical caregiver.

Final issue status: Active

Progress: Title I of PL 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010 requires the Department of Veterans Affairs (VA) to establish a training, support, care, and stipend program for family member primary caregivers of Veterans who require assistance with Activities of Daily Living. Effective 9 May 11, Veterans can enroll and receive these benefits and services. Payment varies by location, nature, and frequency of care provided and is made directly to caregiver. There has been no decision on implementation of PL 111-84 Section 603 which authorizes a caregiver stipend for catastrophically injured Service Members.

Way Ahead: Monitor impact of PL 111-163 and determination on whether the provisions of PL 111-84 Section 603 will be implemented.

Issue 661: TRICARE Reimbursement of Upgraded/Deluxe Durable Medical Equipment (DME)

Proponent: The Surgeon General

Issue recommendation: Authorize reimbursement of the TRICARE allowable charge for the standard DME when a patient chooses an upgraded/deluxe DME.

Final issue status: Active

Progress: The Army Surgeon General sent a formal request asking TMA if they would support the intent of this AFAP recommendation. In their response, TMA stated they would support the submission of a Unified Legislation and Budgeting (ULB) proposal to modify Title 10 to request this benefit change.

Way Ahead: Prepare cost estimate (TMA). Submit ULB proposal after receiving cost estimate.

Tricia Brooks
DAIM-ISS
(571) 256-8689